

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 325

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Richard P Lewallen, , MD

Mailing Address 2900 12th Ave N Ste 100E

City

State

Zip Code

Billings

MT

59101-7504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montana Ortho & Sports

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: 27362279

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Frank A B Gottschalk, , MD

Mailing Address U of TX Southwestern Med School
Dept of Ortho Surgery

City

State

Zip Code

Dallas

TX

75390-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
UT Southwestern Medical
Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: 27362280

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephen J McIlveen, , MD

Mailing Address 1 W Ridgewood Ave

City

State

Zip Code

Paramus

NJ

07652-2359

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: 27362281

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)